

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Council of Life Insurers Political Action Committee

ADDRESS (number and street) ▼

101 Constitution Ave., NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00147066

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

☐ PRE-Election
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

☐ POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer

Mr. Donald L. Walker

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 09 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y 09 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		278831.80
(b) Cash on Hand at Beginning of Reporting Period.....	405303.57	
(c) Total Receipts (from Line 19)	24130.13	389801.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	429433.70	668633.70
7. Total Disbursements (from Line 31)	50000.00	289200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	379433.70	379433.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
09	/	01	/	2013

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2013

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

16417.72

205826.76

(ii) Unitemized

2712.41

32475.14

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

19130.13

238301.90

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

5000.00

145000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

24130.13

383301.90

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

6500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

24130.13

389801.90

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

24130.13

389801.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48000.00	283100.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	2000.00	6100.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	50000.00	289200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50000.00	289200.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	24130.13	383301.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24130.13	383301.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 38
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard F Jones

Mailing Address 3130 Broadway

City State Zip Code
 Kansas City MO 64111-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Fidelity Security Life Insurance Compa

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 11 / 2013

Transaction ID : 53403629

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Leah J. Walters

Mailing Address 101 Constitution Ave, NW
 Suite 700

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Council of Life Insurers

Occupation
 Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2013

Transaction ID : 53403630

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Rick D. Riley

Mailing Address 5602 Painted Valley Drive

City State Zip Code
 Austin TX 78759-5526

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CICA Life Insurance Company of America

Occupation
 Chr of the Bd, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

09 / 30 / 2013

Transaction ID : 53454289

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 38
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Dottie S. Riley

Mailing Address 7802 Shadyrock

City
Austin

State
TX

Zip Code
78731-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer

CICA Life Insurance Company of America

Occupation

VP Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2013

Transaction ID : 53454290

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sidney L. Harp II

Mailing Address P.O. Box 1383

City

Donaldsonville

State

LA

Zip Code

70346-1383

FEC ID number of contributing
federal political committee.

C

Name of Employer

CICA Life Insurance Company of America

Occupation

Vice President, Home Service Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2013

Transaction ID : 53454295

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. James L. Anderson

Mailing Address P.O. Box 410288

City

Kansas City

State

MO

Zip Code

64141-0288

FEC ID number of contributing
federal political committee.

C

Name of Employer

Americo Financial Life and Annuity Ins

Occupation

Senior Vice President, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2013

Transaction ID : 53454297

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Donald P. Oster

Mailing Address 12624 W 121st Terrace

City

Overland Park

State

KS

Zip Code

66213-2263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Americo Life Insurance Company

Occupation

Chief Accounting Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

Transaction ID : 53454298

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Philip K. Polkinghorn

Mailing Address 73 Forest Street

City

Wellesley

State

MA

Zip Code

02481-6826

FEC ID number of contributing
federal political committee.

C

Name of Employer

Americo Financial Life and Annuity Ins

Occupation

Vice President, Retirement Products &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 30 / 2013

Transaction ID : 53454299

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Jack L. Fortini

Mailing Address 3608 W. 155th Street

City

Overland Park

State

KS

Zip Code

66224-3990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Americo Financial Life and Annuity Ins

Occupation

Vice President, Counsel & Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

Transaction ID : 53454300

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeremy Thornton

Mailing Address 14450 Aberden Ct

City

Leawood

State

KS

Zip Code

66224-3922

FEC ID number of contributing
federal political committee.

C

Name of Employer

Americo Life Insurance Company

Occupation

Marketing VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2013

Transaction ID : 53454301

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Gregory A. Hamilton

Mailing Address 3447 W. 138th Terrace

City

Leawood

State

KS

Zip Code

66224-4595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Americo Financial Life and Annuity Ins

Occupation

Vice President & Director, Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2013

Transaction ID : 53454304

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert L LaPlant

Mailing Address 5604 W 147th Place

City

Overland Park

State

KS

Zip Code

66223-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer

Americo Life insurance Company

Occupation

VP of IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2013

Transaction ID : 53454305

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 38
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Cathy A. Cavitt

Mailing Address 8001 El Monte

City

Prairie Village

State

KS

Zip Code

66208-5050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Americo Financial Life and Annuity Ins

Occupation

Vice President, Compliance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2013

Transaction ID : 53454306

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark K. Fallon

Mailing Address 2209 W. 126th Street

City

Leawood

State

KS

Zip Code

66209-1384

FEC ID number of contributing
federal political committee.

C

Name of Employer

Americo Life Insurance Company

Occupation

Senior Vice President & Chief Financia

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 30 / 2013

Transaction ID : 53454768

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Gary L. Muller

Mailing Address 300 W. 11th Street

City

Kansas City

State

MO

Zip Code

64105-1618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Americo Life Insurance Company

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 30 / 2013

Transaction ID : 53454769

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 38
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Michael A. Merriman

Mailing Address 300 West 11th Street

City

Kansas City

State

MO

Zip Code

64105-1618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Americo Life Insurance Company

Occupation

Chairman of the Board

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 30 / 2013

Transaction ID : 53454770

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Paige S Freeman

Mailing Address 988 Wildwood Rd NE

City

Atlanta

State

GA

Zip Code

30306-3015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Munich American Reassurance Company

Occupation

SVP and General Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 30 / 2013

Transaction ID : 53454810

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Donald L. Walker

Mailing Address 101 Constitution Ave, NW
Suite 700

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

SVP, Administration & CFO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1156427128673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John Patterson

Mailing Address 10075 Red Run Blvd

City

Owings Mills

State

MD

Zip Code

21117-4865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baltimore Life Insurance Company

Occupation

Senior Vice President, Operations

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR1231727528673

Amount of Each Receipt this Period

22.00

P/R Deduction (\$11.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Mandana Parsazad

Mailing Address 1914 Horse Shoe Drive

City

Vienna

State

VA

Zip Code

22182-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Counsel, Taxes & Retirement Sec

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR1481799828673

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Scott E. Smith

Mailing Address 19 Cardinal Way

City

South Windsor

State

CT

Zip Code

06074-3745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

Senior Vice President & COO

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR1503555328673

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

102.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Peter L Tedone

Mailing Address 32 Lincoln

City

Weatogue

State

CT

Zip Code

06089-9780

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1503560128673

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Walter C. Welsh

Mailing Address 101 Constitution Ave, NW
101 Constitution Ave, NW

City

Washington

State

DC

Zip Code

20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3484.63

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1550105928673

Amount of Each Receipt this Period

387.18

P/R Deduction (\$193.59 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Gail S. Hoeflich

Mailing Address 101 Constitution Ave, NW
Suite 700

City

Washington

State

DC

Zip Code

20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Legislative Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1565786728673

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

467.18

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Shannon N. Salinas

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Counsel, Taxes & Retirement Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : PR1647849728673

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen F. Kiernan-Pagani

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Sr. Counsel, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1963.07

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : PR1728112728673

Amount of Each Receipt this Period

234.38

P/R Deduction (\$117.19 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Carolyn C. Cobb

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1889.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : PR1821819628673

Amount of Each Receipt this Period

222.18

P/R Deduction (\$111.09 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

496.56

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Honora Dirk A. Kempthorne

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : PR1871324528673

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Brian Waidmann

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3800.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : PR1872428328673

Amount of Each Receipt this Period

400.00

P/R Deduction (\$200.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Peter J. Bautz

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Taxes and Retirement S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : PR1903849828673

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

856.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jim Pyc

Mailing Address 9124 MidPines Court

City State Zip Code
 Orlando FL 32819-4307

FEC ID number of contributing federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

EVP, financial Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 30 2013

Transaction ID : PR1948888428673

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. William R Hobbs

Mailing Address 13005 Windsor Circle

City State Zip Code
 Leawood KS 66209-1793

FEC ID number of contributing federal political committee.

C

Name of Employer

Fidelity Security

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 30 2013

Transaction ID : PR1964225728673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Anita Peduzzi

Mailing Address 101 Constitution Avenue
Suite 700 W

City State Zip Code
 Washington DC 20001-2146

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

PAC Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
 09 30 2013

Transaction ID : PR1978714928673

Amount of Each Receipt this Period

83.34

P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

157.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joshua T. Mauthe

Mailing Address 2210 12th St NW

City

Washington

State

DC

Zip Code

20009-4404

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Meeting Planner-Special Projects Coord

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : PR1978715628673

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Richard Jones Jr

Mailing Address 4545 Wornall Rd
#1010-1011

City

Kansas City

State

MO

Zip Code

64111-3270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fidelity Security Life Insurance Co.

Occupation

Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : PR2008166728673

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Seaver J. J Sowers

Mailing Address 101 Constitution Avenue NW

City

Washington

State

DC

Zip Code

20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Director, Federal Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : PR2018796028673

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jessica M. M Hanson

Mailing Address 1707 Prince St.
#2

City State Zip Code
Alexandria VA 22314-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2013

Transaction ID : PR2023274628673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Gary E. Hughes

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Executive Vice President & General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2974.50

Date of Receipt

09 / 30 / 2013

Transaction ID : PR771358228673

Amount of Each Receipt this Period

330.50

P/R Deduction (\$165.25 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Conference Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1016.64

Date of Receipt

09 / 30 / 2013

Transaction ID : PR771362428673

Amount of Each Receipt this Period

112.96

P/R Deduction (\$56.48 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

493.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John F. Dolan

Mailing Address 101 Constitution Ave, NW
 Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR771365428673

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. J. Bruce Ferguson

Mailing Address 101 Constitution Avenue, NW
 Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2702.88

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR771373228673

Amount of Each Receipt this Period

300.32

P/R Deduction (\$150.16 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Shawn Hausman

Mailing Address 101 Constitution Avenue, NW
 Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Sr. Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

557.28

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR771373528673

Amount of Each Receipt this Period

61.92

P/R Deduction (\$30.96 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

422.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW
 Suite 700 West

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing
 federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1504.44

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR771374028673

Amount of Each Receipt this Period

167.16

P/R Deduction (\$83.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. James D. Hall

Mailing Address 101 Constitution Avenue, NW
 Suite 700 West

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing
 federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR771374328673

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

c. Mr. C. Bryan Cox

Mailing Address 101 Constitution Avenue, NW
 Suite 700 West

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing
 federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.95

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR771376828673

Amount of Each Receipt this Period

56.66

P/R Deduction (\$28.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

253.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John W. Mangan CEBS

Mailing Address 101 Constitution Ave, NW
 Suite 700

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing
 federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 30 2013

Transaction ID : PR771377128673

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Kimberly O. Dorgan

Mailing Address 101 Constitution Avenue, NW
 Suite 700 West

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing
 federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Executive Vice President, Publi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 30 2013

Transaction ID : PR771395128673

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Morris R. Goff

Mailing Address 101 Constitution Avenue, NW
 Suite 700 West

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing
 federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1775.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 30 2013

Transaction ID : PR771419328673

Amount of Each Receipt this Period

197.26

P/R Deduction (\$98.63 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

813.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Brenda S. Nation

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2013

Transaction ID : PR771419928673

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Debra K. West

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2013

Transaction ID : PR771421028673

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Michael Lovendusky

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2013

Transaction ID : PR771421128673

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

290.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 38
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Jeffry J. Janoska

Mailing Address 101 Constitution Avenue, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Policy Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.90

Date of Receipt

09 / 30 / 2013

Transaction ID : PR771423128673

Amount of Each Receipt this Period

24.10

P/R Deduction (\$12.05 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Lisa J. Tate

Mailing Address 101 Constitution Avenue, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

VP, Litigation & Assoc. Gen. Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

09 / 30 / 2013

Transaction ID : PR771423228673

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. David C. Turner

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

EVP, Chief of Staff & Corp. Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2376.72

Date of Receipt

09 / 30 / 2013

Transaction ID : PR771428928673

Amount of Each Receipt this Period

264.08

P/R Deduction (\$132.04 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

368.18

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Alane R. Dent

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1724.95

Date of Receipt

09 / 30 / 2013

Transaction ID : PR771444328673

Amount of Each Receipt this Period

191.66

P/R Deduction (\$95.83 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. T. Scott Dixon

Mailing Address 101 Constitution Avenue NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 30 / 2013

Transaction ID : PR771444928673

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Andrew M. Melnyk

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life Insurers

Occupation
Managing Director, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.18

Date of Receipt

09 / 30 / 2013

Transaction ID : PR771445828673

Amount of Each Receipt this Period

40.02

P/R Deduction (\$20.01 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

271.68

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 25 OF 38
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Julie A. Spiezio
 Mailing Address 101 Constitution Avenue NW
 Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR771449628673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. John K. Bruins
 Mailing Address 101 Constitution Avenue NW
 Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR771450128673

Amount of Each Receipt this Period

33.34

P/R Deduction (\$16.67 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Maurice A. Perkins
 Mailing Address 101 Constitution Ave, NW
 Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2172.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR805149128673

Amount of Each Receipt this Period

241.34

P/R Deduction (\$120.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

324.68

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Wayne A. Mehlman

Mailing Address 101 Constitution Avenue, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Counsel, Insurance Regulation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : PR904819528673

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

16417.72

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 38

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Allstate Insurance PAC

Mailing Address 2775 Sanders Road
Suite A4

City State Zip Code
Northbrook IL 60062

FEC ID number of contributing
federal political committee.

C C00040253

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / 25 / 2013

Transaction ID : 53403674

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Council of Life Insurers Political Action Committee

A. Friends of Schumer

Date of Disbursement

Transaction ID : 53235630

011

Amount of Each Disbursement this Period

Category/
Type

Charles Schumer

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: NY District:

Full Name (Last, First, Middle Initial)

B. IMPACT

Date of Disbursement

09 / 24 / 2013

Transaction ID : 53235631

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

C. Citizens For Tom Petri

Date of Disbursement

Mailing Address P.O. Box 270

M M / D D / Y Y Y Y
09 24 2013

Transaction ID : 53235635

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Rep. Thomas Petri

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: WI District: 06

SUBTOTAL of Disbursements This Page (optional).....

5000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City
West ChesterState
OH Zip Code
45069

Purpose of Disbursement

011

Category/
Type

Candidate Name

John BoehnerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2013

Transaction ID : 53235636

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City
West ChesterState
OH Zip Code
45069

Purpose of Disbursement

011

Category/
Type

Candidate Name

John BoehnerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2013

Transaction ID : 53235637

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Sherrod Brown

Mailing Address PO Box 15293

City
WashingtonState
DC Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Sherrod BrownOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2013

Transaction ID : 53235638

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Dave Reichert

Mailing Address P. O. Box 2032

City
IssaquahState
WAZip Code
98027

Purpose of Disbursement

011

Candidate Name

Rep. David ReichertOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2013

Transaction ID : 53235705

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gwen Moore For Congress

Mailing Address PO Box 16646

City
MilwaukeeState
WIZip Code
53216

Purpose of Disbursement

011

Candidate Name

Rep. Gwen MooreOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2013

Transaction ID : 53235706

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John Carney For Congress

Mailing Address PO Box 2162

City
WilmingtonState
DEZip Code
19899

Purpose of Disbursement

011

Candidate Name

Rep. John Carney Jr.Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: DE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2013

Transaction ID : 53235744

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Enzi For U.S. Senate

Mailing Address P.O. Box 2775

City	State	Zip Code
Cody	WY	82414

Purpose of Disbursement

011

Candidate Name

Sen. Michael Enzi

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Transaction ID : 53236011

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Nancy Pelosi For CongressMailing Address 700 13th St NW
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement

011

Candidate Name

Rep. Nancy Pelosi

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Transaction ID : 53240944

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Kirk For Congress

Mailing Address P.O. Box 8

City	State	Zip Code
Winnetka	IL	60093

Purpose of Disbursement

011

Candidate Name

Rep. Mark Kirk

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Transaction ID : 53240945

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Mark Warner

Mailing Address 1029 North Royal Street 2nd Fl

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement

011

Candidate Name

Mr. Mark Warner

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Transaction ID : 53240946

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John Lewis for Congress

Mailing Address P.O. Box 2323

City	State	Zip Code
Atlanta	GA	30301

Purpose of Disbursement

011

Candidate Name

John Lewis

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Transaction ID : 53240947

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Brady For Congress

Mailing Address P.O. Box 8277

City	State	Zip Code
The Woodlands	TX	77387

Purpose of Disbursement

011

Candidate Name

Rep. Kevin Brady

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Transaction ID : 53240998

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bob Casey For Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2013

Mailing Address P O Box 58746

City	State	Zip Code
Philadelphia	PA	19102

Transaction ID : 53241002

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Sen. Robert Casey Jr.Category/
Type

Office Sought:

☐

House

☒

Senate

☐

President

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

State: PA

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2013

B. Hoyer for CongressMailing Address 700 13th St NW
Suite 600

City	State	Zip Code
Washington	DC	20005

Transaction ID : 53241008

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Steny HoyerCategory/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2014

☒

Primary

☐

General

☐

Other (specify) ▼

State: MD

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2013

C. Friends Of Dan Maffei

Mailing Address PO Box 230

City	State	Zip Code
Syracuse	NY	13201

Transaction ID : 53241184

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Mr. Daniel MaffeiCategory/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2014

☒

Primary

☐

General

☐

Other (specify) ▼

State: NY

District: 25

					5500.00
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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Burr Committee

Mailing Address Post Office Box 5928

City	State	Zip Code
Winston-Salem	NC	27113

Purpose of Disbursement

011

Candidate Name

Sen. Richard Burr

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2013

Transaction ID : 53241185

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Hagan For Us Senate

Mailing Address PO Box 29103

City	State	Zip Code
Greensboro	NC	27429

Purpose of Disbursement

011

Candidate Name

Kay Hagan

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2013

Transaction ID : 53241247

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Patrick Murphy

Mailing Address 4521 Pga Blvd. #412

City	State	Zip Code
Palm Beach Gardens	FL	33418

Purpose of Disbursement

011

Candidate Name

Rep. Patrick Murphy

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2013

Transaction ID : 53241248

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends for Harry Reid

Mailing Address PO Box 19163

City	State	Zip Code
Las Vegas	NV	89132

Purpose of Disbursement

011

Candidate Name

Harry Reid

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NV

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Transaction ID : 53241251

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. The Reed Committee

Mailing Address 303 Massachusetts Ave, NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement

011

Candidate Name

Jack Reed

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: RI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Transaction ID : 53241253

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rangel for CongressMailing Address PO Box 5577
Manhattanville Station

City	State	Zip Code
New York	NY	10027

Purpose of Disbursement

011

Candidate Name

Charles Rangel

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Transaction ID : 53241254

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Heller For Senate

Mailing Address PO Box 371907

City	State	Zip Code
Las Vegas	NV	89137

Purpose of Disbursement

011

Candidate Name

Sen. Dean Heller

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☐ Primary ☐ General☒ Other (specify) ▼

2012 General Debt

State: NV

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53246007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Randy Hultgren For Congress

Mailing Address PO Box 717

City	State	Zip Code
St Charles	IL	60174

Purpose of Disbursement

011

Candidate Name

Rep. Randy Hultgren

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53246009

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Levin For Congress

Mailing Address P.O. Box 37

City	State	Zip Code
Roseville	MI	48066

Purpose of Disbursement

011

Candidate Name

Rep. Sander Levin

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General☐ Other (specify) ▼

State: MI

District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53246011

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Roy Blunt

Mailing Address P O Box 10178

City	State	Zip Code
Columbia	MO	65205

Purpose of Disbursement

011

Candidate Name

Rep. Roy Blunt

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : 53246016

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

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Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

48000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mary Fallin for Governor 2014

Mailing Address 12176 Chancery Station Circle

City	State	Zip Code
Reston	VA	20190

Purpose of Disbursement
Mary Fallin, GOVERNOR OK

011

Candidate Name

Mary FallinCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2013

Transaction ID : 53042963

Amount of Each Disbursement this Period

1000.00

Mary Fallin, GOVERNOR OK

Full Name (Last, First, Middle Initial)

B. Governor Branstad Committee

Mailing Address P.O. Box 42005

City	State	Zip Code
Urbandale	IA	50323

Purpose of Disbursement
Terry Branstad, GOVERNOR IA

011

Candidate Name

Gov. Terry BranstadCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2013

Transaction ID : 53187431

Amount of Each Disbursement this Period

1000.00

Terry Branstad, GOVERNOR IA

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

2000.00